Substitute for Form 1449/PTO				Complete if Known		
INFORTATION DISCLOSURE					Application Number	10/803,784
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	STAT	EMENTBY	First Named Inventor:	James Moore		
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Examiner Initials*	Cite No. <sup>1</sup>	Docur Number-Kind Code	ment Number <sup>2</sup> (If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document  Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	ı
		WO 2005/006157 A1	01-20-2005	Stem Ventures Limited .		

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T <sup>2</sup>	

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